

**APPLICATION FOR
EXTENSION OF SERVICE BY CONTRACT**

AGENCY TO EXTEND SERVICE:

AGENCY NAME: _____

CONTACT PERSON: _____

ADDRESS: _____

PHONE: _____

CONTRACTING PARTY:

NAME OF
PROPERTY OWNER: _____

MAILING ADDRESS: _____

PHONE: _____

ADDRESS OF PROPERTY
PROPOSED FOR CONTRACT _____

CONTRACT NUMBER/IDENTIFICATION: _____

PARCEL NUMBER(S) _____

ACREAGE: _____

The questions which follow are designed to obtain enough data about the proposed contract to allow the Commission and staff to adequately assess the service extension. By taking the time to fully respond to the questions below, you can reduce the processing time for this application. You may include any additional information which you believe is pertinent. Use additional sheets where necessary.

1. (a) List type of service(s) to be provided by this contract.

- (b) Are any of the services identified above "new" services to be offered by the agency? If yes, please provide explanation.

2. Please provide a description of the service agreement/contract. (Included in this description should be an explanation as to why a jurisdictional change is not possible at this time and whether this extension is an emergency health and safety situation.)

3. Is annexation of the territory by your agency anticipated at some future time? Please provide an explanation.

4. Is the property to be served within the Agency's sphere of influence?

5. If the service extension is for development purposes, please provide a complete description of the project to be served.

6. Has an environmental determination been made for this contract? If yes, provide a copy. If no, please provide an explanation.

7. Are there any land use entitlements involved in the project or contract? If yes, please provide a copy of the documentation for this entitlement. Please check those documents attached:

Tentative Map and Conditions	<input type="checkbox"/>
Subdivision Map or Parcel Map	<input type="checkbox"/>
Specific Plan	<input type="checkbox"/>
General Plan Amendment	<input type="checkbox"/>
Rezoning	<input type="checkbox"/>
Other, (provide explanation below)	<input type="checkbox"/>

8. Please provide a detailed description of how services are to be extended to the property. Your response should include, but not be limited to, an explanation of distance for connection to existing infrastructure to site, the cost of improvements, how financing is to occur, and any special financial arrangement for later repayment.

CERTIFICATION

I hereby certify that the statements furnished above and in the attached exhibits present the data and information required for this evaluation of service extension to the best of my ability, and that the facts, statement and information presented herein are true and correct to the best of my knowledge and belief.

SIGNED BY: _____

POSITION TITLE: _____

DATED: _____

REQUIRED EXHIBITS TO THIS APPLICATION:

1. Copy of the agreement.
2. Map showing the property to be served, existing agency boundary, and the location of infrastructure to be extended.
3. Plan for providing service signed by official of contracting agency.

Please forward the completed form and related information to:

Local Agency Formation Commission
175 West Fifth Street, Second Floor
San Bernardino, CA 92415-0490
PHONE: (909) 387-5866
FAX: (909) 387-5871